

**RIDGES OF WARRENTON
ARCHITECTURAL APPROVAL FORM**

TO: Architectural Review Committee

Name(s): _____ Date Submitted: _____

Address: _____ Phone: _____

Request the following architectural change be authorized:

DESCRIPTION:

SPECIFICATIONS (specify all that apply)

Model: _____

Color: _____

Height: _____

Materials: _____

Drawing/Plan/Photo (attach if more space is necessary)

Applicant hereby warrants that Applicant shall assume full responsibility for:

A. All landscaping, grading, and/or drainage issues relating to the improvements (including replacing bonds or escrows posted by the Developer currently in place affect the Lot);

B. Obtaining all required Town or County ordinances relating to said improvement;

C. Complying with all applicable Town or County ordinances;

D. Any damage to adjoining property (including common area) or injury to third persons associated with the improvement.

TO: Homeowner

FROM: Architectural Review Board

Your request for architectural change is hereby Approved / Disapproved

If disapproved, for the following reason(s):

Questions: Call ARMI @ (540) 347-1901 or Fax: (540) 347-1900 or Email: hoa@armiva.com

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